

Eligibility Criteria for Coverage of Cranial Remolding Orthosis

The Infant Toddler Program Eligibility Criteria for the fitting and purchasing of cranial remolding helmets is consistent to those used by Idaho Medicaid. The following subsections provide the guidelines for determining the Medical Necessity for Cranial Remolding Orthosis. They are in accordance with the Idaho Provider Manual and IDAPA 16.03.09.106., and the Idaho Infant Toddler Program eManual.

The purpose of the Prior Authorization Criteria is to ensure a well organized procedure and facilitate the consistent and accurate review of prior authorization requests for Cranial Remolding Orthosis.

Children must be eligible for the Idaho Infant Toddler Program services as delineated in the Idaho Infant Toddler Program eManual by meeting criteria for Developmental Delay or Established Condition as determined by a multidisciplinary team.

Cranial Remolding Orthosis is considered for children who are eligible for Infant Toddler Program services between four and eighteen months of age:

- Benign positional plagiocephaly.
- Plagiocephaly with torticollis.
- Brachycephaly.
- Dolichocephaly.
- Scaphocephaly due to conditions such as in utero or intra partum molding, premature or multiple births, and supine positioning.

The developmental necessity as determined by the referring physician must be specific to the child, documented in the child's file, and include the following:

- A statement of the degree of impact on potential brain development if not treated.
- A statement of the high probability of resulting in Developmental Delay as required by eligibility criteria if not treated.
- A statement that the Cranial Remolding Orthosis is necessary to remediate or prevent developmental delays and/or disabilities and is NOT cosmetic in nature.

Prior Authorization for Children 4 – 12 Months of Age

Approval will be made only for clients between the ages of four (4) and twelve (12) months of age who meet eligibility criteria. One of the following conditions must exist:

- Moderate to severe positional plagiocephaly, with or without torticollis; documented by an anthropometric asymmetry greater than 10 mm in the measurement of the cranial base, cranial vault, or orbitotragial depth.
- Brachycephaly documented by a cephalic index two standard deviations above or below the mean [approximately 78 percent (78%)].

- Scaphocephaly or dolichocephaly in premature or breech infants with a cephalic index significantly less than 78 percent (78%).
- Further correction of asymmetry for members after surgical treatment of craniosynostosis will be considered on a case-by-case basis.
- Moderate to severe residual plagiocephaly after surgical correction of plagiocephaly. Documentation of medical necessity must be provided by the pediatric neurosurgeon or craniofacial surgeon who performed the corrective procedure.

Documentation must be submitted that shows the client received a minimum of a two (2) month trial of aggressive repositioning and stretching exercises as recommended by the American Academy of Pediatrics and the condition has failed to improve and must include the following:

- The initial physical therapy evaluation report.
- The treatment plan that includes at least four of the activities listed below.
- The daily intervention and progress notes.

Exercises should include at least four of the following activities:

- Alternative back and side sleeping.
- Supervised tummy time.
- Rearranging the crib relative to the primary light source.
- Limiting time spent in a supine position.
- Limiting time in strollers, carriers, swings and strollers.
- Neck motion exercises.

Treatment of Children 12 – 18 Months of Age

Children who meet the Infant Toddler Program eligibility criteria with severe plagiocephaly and who are considered to have a reasonable likelihood of continued skull growth will be considered for approval on a case-by-case basis. Documentation developmental necessity must be provided by a pediatric neurosurgeon, craniogacial surgeon, or craniofacial anomalies team member. The child must have a documented trial of repositioning and stretching exercises, as described above, to be considered for approval.